

## Generation of Epstein-Barr Virus (EBV)— Immortalized B Cell Lines

Immortalization of B lymphocytes by EBV is an effective procedure for inducing long-term growth of certain human B lymphocytes. The basic protocol described below to accomplish this can be divided into three stages: preparation of virus, preparation of target cells to be immortalized, and EBV infection and growth of infected cells.

**CAUTION:** EBV may cause disease in nonimmune individuals. Only individuals with serum antibodies to EBV should handle cell lines infected with the virus. In addition, EBV has been associated with a number of lymphoproliferative disorders. Biosafety practices must be followed (see Chapter 7 introduction).

**NOTE:** All solutions and equipment coming into contact with cells must be sterile, and proper sterile technique must be used accordingly.

### Materials

Complete RPMI-10 medium (*APPENDIX 2*), without and with 1  $\mu$ g/ml cyclosporin A (written request from Sandoz; prepare 1 mg/ml stock in 100% ethanol and store at  $-20^{\circ}\text{C}$ )

B95-8 cells (marmoset cell line; ATCC #CRL 1612)

(VR-1492)

Heparinized peripheral blood (*APPENDIX 3*)

Phosphate-buffered saline (PBS; *APPENDIX 2*)

Hanks balanced salt solution (HBSS; *APPENDIX 2*)

Beckman centrifuge with JS 4.2 rotor (or equivalent)

0.45- $\mu\text{m}$  filter

50-ml conical tubes

25- $\text{cm}^2$  tissue culture flasks

Additional reagents and equipment for cell counting, cryopreservation, and determination of viability (*APPENDIX 3*) and Ficoll-Hypaque gradient centrifugation (*UNIT 7.1*)

### Prepare EBV-containing culture supernatants

1. Inoculate complete RPMI-10 with  $1 \times 10^6$  cells/ml exponentially growing B95-8 cells. Incubate 3 days in a humidified  $37^{\circ}\text{C}$ , 5%  $\text{CO}_2$  incubator.

*Cells should be >90% viable.*

2. Centrifuge 10 min at 1200 rpm ( $300 \times g$ ),  $4^{\circ}\text{C}$ , to separate the EBV-containing culture supernatant from the cells. Filter the supernatant through a 0.45- $\mu\text{m}$  filter, aliquot, and store at  $-130^{\circ}\text{C}$ .

*The culture supernatant contains  $>10^2$  to  $10^3$  transforming units/ml. For determination of EBV titer, see Miller and Lipman, 1973. The virus can be stored >1 year at  $-130^{\circ}\text{C}$  without appreciable loss in titer.*

### Prepare target cells to be immortalized

3. Dilute  $>15$  ml heparinized peripheral blood 1:2 in PBS.

*If tonsil or spleen are used, fragment them into single cell suspensions and adjust to  $5 \times 10^6$  to  $10^7$  cells/ml in complete RPMI-10 (*UNIT 7.2*). If bone marrow is used, dilute 1:20 in complete RPMI-10.*

4. Underlay 12 ml diluted blood (or cell suspensions from tonsil, spleen, or bone marrow) with 12 ml Ficoll-Hypaque in a 50-ml conical tube. Centrifuge 8 min at 3000 rpm ( $1500 \times g$ ), room temperature, remove buffy coat interface, and transfer to a new 50-ml conical tube.

5. Fill tube with PBS, centrifuge 15 min at 1200 rpm (300  $\times$  g), room temperature, and discard supernatant.
6. Resuspend cell pellet in HBSS, centrifuge 10 min at 1200 rpm (300  $\times$  g), room temperature, and discard supernatant. Repeat once.
7. Resuspend cell pellet in 2 to 5 ml complete RPMI-10 and count cells.

*On microscopic examination, mononuclear cell suspensions contain nucleated cells of varying size and shape, including lymphocytes and monocytes.*

#### **Infect B cells and culture infected cells**

8. Place 10<sup>7</sup> mononuclear cells in 2.5 ml complete RPMI-10 into a 50-ml conical tube. Add 2.5 ml culture supernatant from step 2. Incubate 2 hr in a 37°C water bath.
9. Add 5 ml complete RPMI-10 containing 1  $\mu$ g/ml cyclosporin A. Transfer the 10-ml cell suspension to a 25-cm<sup>2</sup> tissue culture flask. Stand flask 3 weeks in a humidified 37°C, 5% CO<sub>2</sub> incubator.

*Toward the end of the 3-week incubation, the culture medium becomes acidic and the cells form macroscopic clumps. By phase-contrast microscopy, many cells appear large, clear, often hairy, and tend to form tight clumps of varying size. All these features indicate the occurrence of B cell immortalization by EBV.*

10. Mix cells (after 3 weeks) and transfer 5 ml to two new 25-cm<sup>2</sup> tissue culture flasks. Add 5 ml complete RPMI-10 to each flask and incubate 1 week in a humidified 37°C, 5% CO<sub>2</sub> incubator. At this time, the cell line can be cryopreserved at -130°C or maintained in long-term culture.
11. Maintain cell line by splitting 1:3 in complete RPMI-10 once a week. Incubate in a humidified 37°C, 5% CO<sub>2</sub> incubator.

#### **COMMENTARY**

##### **Background Information**

Epstein-Barr virus is the only virus known to immortalize human B lymphocytes. Only a portion of the circulating B cells (~1 in 100) are immortalized by EBV (Sugden and Mark, 1977), and resting B lymphocytes are immortalized in preference to activated B lymphocytes (Aman et al., 1984). T cells from EBV-seropositive individuals suppress B cell immortalization by EBV in culture (Rickinson et al., 1979). Therefore, immortalization by EBV occurs with greater frequency if the immune T cells are either physically removed from culture or are functionally inactivated (e.g., with cyclosporin A; Tosato et al., 1982).

EBV-immortalized B cell lines are initially polyclonal and secrete all major classes of immunoglobulin. After prolonged culture in vitro, EBV-immortalized cell lines become oligoclonal or monoclonal, reflecting the outgrowth of selected cell clones (Nilsson and Klein, 1982). Typically, EBV-immortalized B cell lines are infected latently with EBV and produce little or no infectious viral particles (Sugden et al., 1979).

##### **Critical Parameters**

An adequate number of infectious EBV particles should be added to the cells to be immortalized. While culture supernatants of the virus producer B95-8 cell line usually contain  $>10^2$  to  $10^3$  transforming units/ml, occasionally the cell line produces little or no virus. Thus, the EBV-containing supernatants should be titrated for their transforming potency before use.

The target B cells for immortalization should be viable, of sufficient number, and resting. Because most adults are EBV-seropositive and have regulatory T cells that prevent growth of autologous EBV-infected B cells, cyclosporin A (a drug that functionally inactivates these cells) is added to the cultures.

Growth of EBV-infected B cells is favored by monocytes and B cell growth factor(s) produced by EBV-infected B cells. Therefore, monocytes should not be removed from mononuclear cells. B95-8 culture supernatant containing EBV should not be removed after B cell infection, culture supernatant should

not be changed during the initial 3-week period of incubation, and the cell line should always be expanded conservatively.

#### Anticipated Results

This procedure produces a long-term EBV-infected cell line of B cell phenotype, initially secreting polyclonal immunoglobulin. After prolonged culture, the cell line may become oligoclonal or monoclonal.

#### Time Considerations

Preparation of the EBV-containing culture supernatants takes 3 days. Preparation of the mononuclear cells to be immortalized takes 2 to 3 hr and virus infection takes 2 hr. Generation of the long-term cell line takes 3 to 5 weeks.

#### Literature Cited

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#### Key Reference

Nilsson, K. and Klein, G. 1982. See above.  
Presents a detailed description of human B lymphoid cell lines.

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